



BECOMING A WIC VENDOR



APPLICATION PACKET

Dear Potential WIC Vendor:

Thank you for your interest in becoming a vendor for the Kansas Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This packet includes:

- the WIC Evaluation and Selection Criteria,
- a list of county designations,
- Minimum Stock Requirements (for urban and rural counties),
- * Vendor Application (which includes the following):
 - * Vendor Price Survey Analysis and
- Automated Clearing House (ACH) Payment Process
- * Authorization Agreement for the Automated Clearing House (ACH) Transactions.

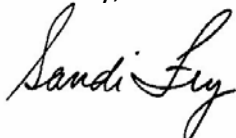
In order to expedite the application process, a *[Kansas WIC Vendor Participation Contract](#) may be downloaded from the website www.kansaswic.org. Please fill out the last page and send it in with your completed application.

It is important that you read all information before signing the appropriate documents. If you are approved as a WIC vendor you will be held accountable to all WIC vendor requirements. The State WIC Agency will determine if information provided on the application meets WIC vendor preliminary approval criteria. If the preliminary criteria are met, the Local WIC Agency will then conduct an on-site evaluation.

The final decision to approve or deny your application rests with the State WIC Agency and you will be notified of the final decision. If approved, you will receive a welcome packet along with a copy of the signed Vendor Participation Contract.

Please contact Sandi Fry if you have questions or concerns about the application process. I can be reached by phone at (785) 296-1327 or by email at sfry@kdheks.gov. Again, thank you for your interest in becoming a WIC vendor.

Sincerely,



Sandi Fry, Vendor Manager
Nutrition and WIC Services



Brad Iams, Vendor Manager
Nutrition and WIC Services

* Indicates a form that needs to be completed and sent in to the WIC State Agency.

Kansas WIC Program
Evaluation and Selection Criteria¹

1. Vendors must be licensed by the Kansas Department of Agriculture as retail grocery store.
 - a. Military Commissaries are considered full-line grocery stores.
2. Vendors must provide foods from stationary locations, have a minimum food sales area of 2,000 square feet or more, and be accessible to clients with disabilities.
3. Vendors must not be currently disqualified from the Kansas Food Assistance Program.
4. The vendor must maintain a minimum stock of WIC approved foods. Refer to policy VEN 02.03.00 Minimum Stock Requirements for more information regarding requirements.
5. At the time of application, the vendor's prices must meet pricing requirements with the average prices established for the peer group they would be placed in. Vendors with the lowest prices for WIC foods will be given preference for authorization over vendors with higher priced WIC food items.
6. Vendors must produce a dated cash register receipt to document each sale. The receipt should give a product description of food items purchased and unit prices for each food item to allow auditing of foods sold to WIC clients.
7. Vendors must purchase infant formula from the Approved Infant Formula list.
8. The State Agency will consider business integrity when determining eligibility for selection as a vendor. Activities indicating a lack of business integrity include, but are not limited to the following:
 - a. Fraud;
 - b. Antitrust violation;
 - c. Embezzlement, theft, or forgery;
 - d. Bribery;
 - e. Falsification or destruction of records;
 - f. Making false statements or claims;
 - g. Receiving stolen property;
 - h. Obstruction of justice;
 - i. Other evidence reflecting on the business integrity and reputation of the applicant;
 - j. Arson;
 - k. Conspiracy; or
 - l. Official records of removal from any federal, state or local programs.

The Kansas WIC Program will not contract with any vendor that has been disqualified from a USDA, Food and Nutrition Services (FNS) program during the last six (6) years or if any of the vendor applicant's current owners, officers, or managers have civil judgment entered against them for, or have been convicted of any activity indicating a lack of business integrity. The State Agency will determine which offenses apply. The vendor must have and maintain a positive compliance history with any and all FNS programs, if currently or formerly a vendor for those programs.

¹ This is an abbreviated listing of the Evaluation and Selection Criteria. This listing includes only the criteria for vendors submitting an application. For a full listing of the Evaluation and Selection Criteria, please refer to the Vendor Procedures Manual.

Designation of Kansas Counties

Rural Counties

Anderson	Marshall
Barber	Meade
Brown	Mitchell
Chase	Morris
Chautauqua	Morton
Cheyenne	Nemaha
Clark	Ness
Clay	Norton
Cloud	Osborne
Coffey	Ottawa
Comanche	Pawnee
Decatur	Pawnee
Edwards	Phillips
Elk	Pratt
Ellsworth	Rawlins
Gove	Republic
Graham	Rice
Grant	Rooks
Gray	Rush
Greeley	Russell
Greenwood	Scott
Hamilton	Sheridan
Harper	Sherman
Haskell	Smith
Hodgeman	Stafford
Jackson	Stanton
Jewell	Stevens
Kearney	Thomas
Kingman	Trego
Kiowa	Wabaunsee
Lane	Wallace
Lincoln	Washington
Linn	Wichita
Logan	Wilson
Marion	Woodson

Urban Counties

Allen
Atchison
Barton
Bourbon
Butler
Cherokee
Cowley
Crawford
Dickinson
Douglas
Doniphan
Ellis
Finney
Ford
Franklin
Geary
Harvey
Jefferson
Johnson
Labette
Leavenworth
Lyon
McPherson
Miami
Montgomery
Neosho
Osage
Pottawatomie
Reno
Riley
Saline
Sedgwick
Seward
Shawnee
Sumner
Wyandotte

Counties are divided into two geographical groups based on specific peer grouping information generated by the Kansas WIC program to ensure vendors are grouped with like vendors.

The Kansas Department of Health and Environment provided the original data break down, consisting of 5 county groupings based on population. More information can be found in the 2008 Annual Summary of Vital Statistics for Kansas.

MINIMUM STOCK REQUIREMENTS

For Kansas WIC Vendors located in **URBAN** counties

To meet the needs of WIC clients, vendors authorized in the WIC program must maintain the minimum levels, sizes and varieties of stock as indicated on this chart. Contact your local agency for exemption requirements for infant formula. See the Kansas WIC Program Booklet for more information on each food category.

Food Item	Minimum Brand or Variety Standard	Required Package Standards	Minimum Stock Level
Infant Formula			
Similac Advance	Powder	12.4 oz cans	22 cans
Similac Advance	Concentrate	13 oz cans	70 cans
Similac Soy Isomil	Powder	12.4 oz cans	22 cans
Similac Soy Isomil	Concentrate	13 oz cans	70 cans
Similac Sensitive Fussiness & Gas	Powder	12.6 oz cans	22 cans
Similac Sensitive Fussiness & Gas	Concentrate	13 oz cans	70 cans
Milk			
Whole	1 brand	Half-gallon and Gallon	6 half gallons and 12 gallons
Skim/Fat Free, ½%, 1% or 2%	1 brand	Half-gallon and Gallon	6 half gallons and 12 gallons
Cheese			
American, Cheddar, Cojack, Colby, Monterey Jack, Mozzarella, Swiss	2 varieties (Any brand)	8 or 16 oz package	8 - 8 oz packages or 4 - 16 oz package
Eggs			
Large, Grade A or AA	1 brand	1 dozen	4 dozen
Juice (See WIC Program Booklet for brand information)			
Ready to drink	2 flavors	64 oz containers	6 containers each flavor
Concentrate, frozen or shelf stable	2 flavors	11.5 – 12 oz containers	4 containers each flavor
Cereal (See WIC Program Booklet for brand information)			
Infant	2 varieties (rice + 1)	8 oz box	4 boxes each variety
Breakfast	4 varieties (at least one variety must be whole grain)	12, 18, 24 or 36 oz packages only	2 packages each variety
Peanut Butter			
Smooth or Crunchy	1 brand	16 - 18 oz container	2 containers
Baby Food			
Fruit	4 varieties	4 oz jars	128 jars total
Vegetable	4 varieties	4 oz jars	128 jars total
Meat w/gravy	3 varieties	2.5 oz jars	62 jars total

MINIMUM STOCK REQUIREMENTS
For Kansas WIC Vendors located in **URBAN** counties

Food Item	Minimum Brand or Variety Standard	Required Package Standards	Minimum Stock Level
Canned Beans			
<ul style="list-style-type: none"> ◆ Black ◆ Black-Eyed Peas ◆ Fat Free Refried Beans ◆ Garbanzo or Chickpeas ◆ Great Northern Beans ◆ Kidney Beans ◆ Lentils ◆ Lima or Butter Beans ◆ Navy Beans ◆ Pinto Beans ◆ Split Peas 	3 varieties	14 to 16 oz cans	4 cans each variety
Fish			
Light Tuna (chunk)	1 brand	5 to 15 oz can or pouch	4 containers
Pink Salmon	1 brand	5 to 15 oz can or pouch	4 containers
Fruits and Vegetables			
Fresh	2 varieties		4 pounds each variety
Frozen	2 varieties		4 containers each variety
Canned	2 varieties		4 cans each variety
Whole Grains (See the WIC Program Booklet for brand information)			
<ul style="list-style-type: none"> ◆ 100% Whole Wheat bread/rolls/buns (12 – 32 oz) ◆ Soft Corn or Whole Wheat Tortillas (8 – 32 oz) ◆ Brown Rice (12 – 32 oz) 	2 whole grain options	At least one option must be in a 16 oz package	2 packages each option

MINIMUM STOCK REQUIREMENTS

For Kansas WIC Vendors located in **RURAL** counties

To meet the needs of WIC clients, vendors authorized in the WIC program must maintain the minimum levels, sizes and varieties of stock as indicated on this chart. Contact your Local Agency for exemptions on requirements for infant formula. See the Kansas WIC Program Booklet for more information on each food category.

Food Item	Minimum Brand or Variety Standard	Required Package Standards	Minimum Stock Level
Infant Formula			
Similac Advance	Powder	12.4 oz cans	11 cans
Similac Advance	Concentrate	13 oz cans	35 cans
Similac Soy Isomil	Powder	12.4 oz cans	11 cans
Similac Soy Isomil	Concentrate	13 oz cans	35 cans
Similac Sensitive Fussiness & Gas	Powder	12.6 oz cans	11 cans
Similac Sensitive Fussiness & Gas	Concentrate	13 oz cans	35 cans
Milk			
Whole	1 brand	Half-gallon and Gallon	3 half gallons and 6 gallons
Skim/Fat Free, ½%, 1% or 2%	1 brand	Half-gallon and Gallon	3 half gallons and 6 gallons
Cheese			
American, Cheddar, Cojack, Colby, Monterey Jack, Mozzarella, Swiss	2 varieties (Any brand)	8 or 16 oz package	4 - 8 oz packages or 2 - 16 oz package
Eggs			
Large, Grade A or AA	1 brand	1 dozen	2 dozen
Juice (See WIC Program Booklet for brand information)			
Ready to drink	2 flavors	64 oz containers	3 containers each flavor
Concentrate, frozen or shelf stable	2 flavors	11.5 – 12 oz containers	2 containers each flavor
Cereal (See WIC Program Booklet for brand information)			
Infant	2 varieties (rice + 1)	8 oz box	2 boxes each variety
Breakfast	4 varieties (at least one variety must be whole grain)	12, 18, 24 or 36 oz packages only	1 package each variety
Peanut Butter			
Smooth or Crunchy	1 brand	16 - 18 oz container	1 container
Baby Food			
Fruit	4 varieties	4 oz jars	64 jars total
Vegetable	4 varieties	4 oz jars	64 jars total
Meat w/gravy	3 varieties	2.5 oz jars	31 jars total

MINIMUM STOCK REQUIREMENTS
For Kansas WIC Vendors located in **RURAL** counties

Food Item	Minimum Brand or Variety Standard	Required Package Standards	Minimum Stock Level
Canned Beans			
<ul style="list-style-type: none"> ◆ Black ◆ Black-Eyed Peas ◆ Fat Free Refried Beans ◆ Garbanzo or Chickpeas ◆ Great Northern Beans ◆ Kidney Beans ◆ Lentils ◆ Lima or Butter Beans ◆ Navy Beans ◆ Pinto Beans ◆ Split Peas 	3 varieties	14 to 16 oz cans	4 cans each variety
Fish			
Light Tuna (chunk)	1 brand	5 to 15 oz can or pouch	2 containers
Pink Salmon	1 brand	5 to 15 oz can or pouch	2 containers
Fruits and Vegetables			
Fresh	2 varieties		2 pounds each variety
Frozen	2 varieties		2 containers each variety
Canned	2 varieties		2 cans each variety
Whole Grains (See the WIC Program Booklet for brand information)			
<ul style="list-style-type: none"> ◆ 100% Whole Wheat bread/rolls/buns (12 – 32 oz) ◆ Soft Corn or Whole Wheat Tortillas (8 – 32 oz) ◆ Brown Rice (12 – 32 oz) 	2 whole grain options	At least one option must be in a 16 oz package	2 packages each option

Complete and mail to:
KDHE
Bureau of Family Health
Nutrition and WIC Services
1000 SW Jackson, Suite 220
Topeka, Kansas 66612

WIC OFFICE USE ONLY

Reviewed by: _____ Date: _____

Vendor ID: _____

Store open date: _____

Change effective date: _____

Assigned Local Agency: _____

Vendor Application

Please answer all questions and sign.
Incomplete applications will not be processed.

Submission of this application does not constitute authorization to participate in the Kansas WIC Program. This application is not a contract. Participation in the Kansas WIC Program will not be authorized until all required materials have been received, evaluated and approved.

The WIC Program is an equal opportunity program and may not discriminate on the basis of race, color, disability, age, national origin, or gender.

Type of Application: ☐ NEW – complete entire application
☐ Change of Ownership – complete entire application
☐ Change of Store Location – complete store information only
☐ Change of Store Name – complete store information only

STORE INFORMATION

1. Store Name and Number (if applicable): _____

2. Physical Location: _____

3. City: _____ County: _____ State: _____ Zip: _____

4. Telephone: (_____) _____ Fax: (_____) _____ Email address: _____

5. Mailing Address (if different): _____

6. City: _____ County: _____ State: _____ Zip: _____

7. If new store, scheduled opening date: _____

8. If existing store, date store opened: _____

9. Number of cash registers: _____ Number of cashiers: _____

10. Square footage of food sales area: _____

11. Does your store use scanners? ☐ Yes ☐ No

12. If scanners are used, are they programmable to identify WIC allowed foods? ☐ Yes ☐ No

13. Do you contract with a company to maintain your scanners/cash registers? ☐ Yes ☐ No

If yes, name of company: _____

14. Federal Taxpayer ID Number (9 digit TIN #): ____ - ____ - ____ - ____ - ____

15. Hours of business: Sunday _____ Monday – Friday _____

Saturday _____

16. Have you ever been disqualified from the Kansas Food Assistance Program? ☐ Yes ☐ No

17. Are you an authorized Kansas Food Assistance Program vendor? ☐ Yes ☐ No

If yes, authorization number: _____

Kansas Food Assistance Program application pending ☐ Yes ☐ No

18. Store Manager: _____

Store Trainer: _____

19. Does your store have an in-store pharmacy? ☐ Yes ☐ No

If yes, direct phone number: _____

OWNER INFORMATION

20. The legal structure of this business is a: ☐ Corporation ☐ Co-operative ☐ LLC
☐ Partnership ☐ Sole Proprietorship ☐ Other: _____

21. Name of owner(s), partners, or corporate officer(s) responsible for the operation of each store.

*Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

*Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

22. If incorporated, name of corporation: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Fax Number: (____) _____

23. If a new ownership, effective date new ownership takes place: _____
24. Are any of the current owners related by blood or marriage to previous owners? ☐ Yes ☐ No
If yes, please specify: _____
25. Please list other stores in which you have ownership or interest: (add extra page if necessary)
Store Name: _____ Location: _____
Store Name: _____ Location: _____
26. Have any current owners previously operated a retail grocery in Kansas? ☐ Yes ☐ No
27. Have the current owners ever participated in the WIC program? ☐ Yes ☐ No
28. Have the current owners ever been associated with this or any other store that was suspended or disqualified from the WIC Program or Kansas Food Assistance Program? ☐ Yes ☐ No
29. In the past 6 years have the current owners, officers or managers of this business been convicted of, or have a civil judgment for: fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims or obstruction of justice? ☐ Yes ☐ No
30. If this is a change of ownership from a previous WIC vendor, please complete the following:
Previous owners name: _____
Previous store name: _____

WHOLESALE/SUPPLIER INFORMATION

31. Provide name and address of wholesaler or supplier of infant formula (attach recent invoice showing Similac Advance Early Shield powder).
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: (____) _____ Fax Number: (____) _____

FINANCIAL INFORMATION

32. Provide annual gross sales for the store's most current fiscal year: _____
33. Dates (month/day/year or Fiscal Year) for the above figures: _____
34. If a new store, please project a gross sales amount: _____ ☐ annually ☐ monthly
35. Will the store derive over 50% of revenue from WIC purchases? ☐ Yes ☐ No

LANGUAGE INFORMATION

36. Does your staff need written material about WIC in a language other than English? ☐ Yes ☐ No

Vendor Price Survey Analysis

Complete and return with application.

Store Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

		Applicant Price	Adjusted Peer Group Price	Applicant lower	
1	Similac Advance powder 12.4 oz	\$	\$	Y N	
2	Similac Advance concentrate 13 oz	\$	\$	Y N	
3	Similac Soy Isomil powder 12.4 oz	\$	\$	Y N	
4	Similac Sensitive Fussiness & Gas powder 12.6 oz	\$	\$	Y N	
5	Baby Food, 4 oz jar, fruit or vegetable (any brand)	\$	\$	Y N	
6	Infant Cereal, 8 oz box, Rice (any brand)	\$	\$	Y N	
7	Milk, whole, 1 quart (any brand)	\$	\$	Y N	
8	Milk, lactose free: <input type="checkbox"/> ½ gallon <input type="checkbox"/> quart	\$	\$	Y N	
9	Eggs, grade A or AA, 1 dozen (any brand)	\$	\$	Y N	
10	Cheese, 16 oz package – Swiss (any brand)	\$	\$	Y N	
11	Juice, 64 oz container, Juicy Juice (any flavor)	\$	\$	Y N	
12	Juice concentrate, Minute Maid - orange (frozen)	\$	\$	Y N	
13	Peanut Butter, 16-18 oz jar (any brand)	\$	\$	Y N	
14	Canned Black Beans 14-16 oz can (any brand)	\$	\$	Y N	
15	Salmon, Chicken of the Sea 6.0 oz pouch	\$	\$	Y N	
16	100% Whole Wheat Bread loaf <small>Indicate package size</small> _____ OZ	\$	\$	Y N	
17	Yellow Corn Soft Tortillas <small>Indicate package size</small> _____ OZ	\$	\$	Y N	
18	General Mills Cheerios _____ oz box <small>Price per ounce</small>	\$	Vendor Average	Adjusted PG price \$	Y N
	Kellogg's Special K _____ oz box <small>Price per ounce</small>	\$			
	Quaker Oatmeal Squares _____ oz box <small>Price per ounce</small>	\$			

State Agency use only:

Peer Group pricing used: _____ Percent of applicant prices under the Adjusted Peer Group Price: _____%

Applicant prices: ☐ 50% **below** adjusted price ☐ 50% **above** adjusted price ☐ 75% **above** adjusted price

Vendor prices categorized as: ☐ within PG average ☐ high priced ☐ very high priced

Price analysis completed by: _____ Date: _____

Automated Clearing House (ACH) Payment Process

The Kansas WIC program has an Automated Clearing House (ACH) payment process for checks that are rejected for over the allowed amount. With the ACH process, all checks that exceed the maximum amount will be returned (rejected); however your bank account will be electronically credited for the maximum amount allowed for the store's peer group. You will still incur returned check fees, if applicable, from your bank.

The benefit of ACH payments for vendors will be a quicker turnaround payment for a rejected check. **In order to implement the ACH process each vendor must complete and sign the AUTHORIZATION AGREEMENT FOR AUTOMATED CLEARING HOUSE (ACH) TRANSACTIONS.** Here is a basic view of the process:

- The WIC program issues checks to clients
- The WIC client redeems the check at a grocery store (vendor)
- The vendor deposits the check at their bank (Bank of First Deposit)
- The Bank of First Deposit routes the check to the Federal Reserve Bank (FRB) in Atlanta
- Checks are processed by the WIC banking contractor
- Processing consists of performing edits. Checks will be marked as Paid or Rejected during this process
- Rejected checks for over the maximum allowed amount that qualify for an ACH credit will be stamped by the banking contractor with the statement "Over Allowed Amount Paid via ACH do not redeposit"
- All rejected checks are returned to the Atlanta FRB
- The Atlanta FRB routes the returned checks to the Bank of First Deposit

The following items occur simultaneously:

- The Bank of First Deposit notifies the vendor of the returned checks and returns them to the store
- Once a week, ACH payments for over the allowed amount checks are consolidated into a single payment per vendor
- ACH payments are electronically sent to the vendor's bank (Bank of First Deposit)
- The vendor's bank receives and processes the ACH payments within 3-5 business days
- Once the vendor has been authorized to receive ACH payments, detailed statements will be available via mail or accessed by the vendor via the WICBanking.com web site

Vendors may submit their bank routing and account numbers and a pre-note (\$0 payments) will be sent out to confirm a valid ACH routing and account number. Once the pre-note has been accepted the vendor's bank will be authorized to receive ACH payments. Any ACH payments that fail in the future will return to the State WIC program and placed in a hold status until routing and account numbers are corrected and verified through the use of another pre-note.

AUTHORIZATION AGREEMENT FOR AUTOMATED CLEARING HOUSE (ACH) TRANSACTIONS

Vendor Name _____ Vendor ID# _____

Email Address _____

(For access to www.WICbanking.com)

I hereby authorize **Kansas Department of Health and Environment (KDHE)** to initiate credit entries to the account indicated below at the Bank named below, and to credit the same to such account. I acknowledge that the origination of ACH transactions to the account must comply with the provisions of U.S. law.

Bank Name _____

City _____ State _____ Zip _____

Routing Number _ _ _ _ _

Account Number _ _ _ _ _

(Please be sure that this account can accept direct deposits)

This authorization is to remain in full force and effect until KDHE has received written notification from me of its termination in such time and in such manner as to afford KDHE and Bank a reasonable opportunity to act on it.

Printed Name _____

Signature _____ Date _____